

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-039754

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 282

Primary Registration District No. 3055

Registrar's No. 110

FILED OCT 24 1962

VS 300  
Rev. 4/59

10844

20841

3

4 1

5 1

6

7 1

8 0

9420-1

10

11

1290-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Polk

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Bolivar

Length of stay in 1b

25 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Inside Limits

Yes ☒ No ☐Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

CLARA

Middle

LOUISE

Last

GILE

## 4. DATE OF DEATH

Month

Day

Year

October 6, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

April 10, 1894

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Homemaking

## 11. BIRTHPLACE (City and state or country)

Kansas

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Spencer W. Barnes

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Percy Gile

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[Redacted]

## 17. INFORMANT

8 Elton Gile

133 Maple St.  
Liberty, Mo.18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Circulatory Failure

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Shock - husband had stroke 8 hrs previous

## DUE TO (c)

Old Coronary Thrombosis; Myocardial  
Degenerative changesPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1953

to Oct. 6, 1962

and last saw her alive on Oct. 6, 1962

## Death occurred at

4:45 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Bolivar Mo.

## 22c. DATE SIGNED

10-8-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE REGD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Burial 10-8-62

Slagle Cemetery

Polk County Mo.

[Redacted]

Sidney J. Little

Bolivar Mo. 10-13-1962

Ralph Goshenper Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 24 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Larry T. Gilley*

Licensed Embalmer No.

*5166*

P. O. Address

*Bolivar, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.